#### **APPLICATION DATA SHEET**

# **Application Information** Application Number:: Filing Date:: Application Type:: Regular Subject Matter:: Utility Suggested Classification:: Suggested Group Art Unit:: CD-ROM or CD-R?:: None Number of CD Disks:: Number of Copies of CDs:: Sequence Submission?:: Computer Readable Form (CRF)?:: Number of Copies of CRF:: Title:: LOW WATER UPTAKE SILICAS Attorney Docket Number:: 004900-263 Request for Early Publication?:: No Request for Non-Publication?:: No Suggested Drawing Figure:: **Total Drawing Sheets::** Small Entity?:: No

Latin Name:: Variety Denomination Name:: Petition Included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers:: Secrecy Order in Parent Appl.?:: No **Applicant Information Applicant Authority Type::** Inventor **Primary Citizenship Country::** France Status:: **Full Capacity** Given Name:: Remi Middle Name:: Family Name:: **VALERO** Name Suffix:: City of Residence:: Lyon State or Province of Residence:: Country of Residence:: France Street of Mailing Address:: 41, rue Joliot Curie City of Mailing Address:: Lyon

State or Province of Mailing

Address::

# 10/500107

## DT04 Rec'd PCT/PTO 2.5 JUN 2004

Country of Mailing Address::

France

Postal or Zip Code of Mailing

Address::

69005

J.08

**Applicant Authority Type:**:

Inventor

**Primary Citizenship Country:** 

France

Status::

**Full Capacity** 

Given Name::

<u>Yv</u>onick

Middle Name::

Family Name::

CHEVALLIER

Name Suffix::

City of Residence::

Saint-Romain-Au-Mont-D'Or

State or Province of Residence::

FKX

Country of Residence::

France

Street of Mailing Address::

24, route de Collonges

City of Mailing Address::

Saint-Romain-Au-Mont-D'Or

State or Province of Mailing

Address::

Country of Mailing Address::

France

Postal or Zip Code of Mailing

69270

Address::

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

# 10/500107 DT04 Rec'd PCT/PT0 2.5 JUN 2004

Fax Number:

(703) 836-2021

#### **Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/FR02/04559 12/24/02

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority

Claimed::

France 01 16881 12/26/01 Yes

**Assignee Information** 

Assignee Name:: RHODIA CHIMIE

Street of Mailing Address:: 26, Quai Alphonse Le Gallo

City of Mailing Address:: Boulogne Billancourt

State or Province of Mailing Address::

Country of Mailing Address:: France

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Address:: F-92100